

## RANDALL'S ISLAND HOSPITAL.

### SERVICE FOR NERVOUS DISEASES.

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*Hemi-chorea.*—Christian Ashinfeber, æt. 65 years, entered the hospital on March 8, 1881. On account of the patient's mental condition and difficulty of speech very little of his previous history could be obtained. He stated, however, that his wife had eloped a year ago with a paramour, taking all his savings with her. The patient has been a hard drinker for years, and during the past year has worried very much on account of his domestic misfortunes. The date of the present attack cannot be determined with accuracy, but as far as can be ascertained, it developed within a month previous to his admission to the hospital.

Upon admission the patient is found suffering from intense dyspnœa, and upon examining the chest large, coarse râles are heard over both lungs, together with the signs of emphysema. The patient presented extremely violent choreic movements of the entire left side of the body, though the face was much less affected than the limbs. An extensive excoriation was found upon the outer aspect of the left arm, which was evidently due to the friction of this part against surrounding objects. When first placed in bed he was continually falling out from the violence of the movements, and finally it became necessary to place the two lower limbs in splints (the right leg was in continual motion from the comminution of the shock from the left limb). As far as could be determined by the coarse tests which could alone be applied, there was no difference in sensation between the two sides of the body. Nor was there any loss of power in the affected hand, the slight diminution which could be detected being due to the irregularity of muscular movement.

The patient was very garrulous, talking aloud during the night and disturbing the other patients in the ward. He imagined himself surrounded by enemies who were always annoying him; he was also constantly talking about women, money, etc. There was incontinence of urine and fæces. The patient slept very little, even when large doses of chloral hydrate and bromide of potassium were administered.

The urine was of a light amber color, sp. gr. 1,020, and contained a small amount of albumen. Microscopical examination showed small hyaline and granular casts.

The patient remained in the same delirious condition and the choreic movements continued with unabated violence until shortly before death, which occurred on March 21st (two weeks after admission).

*Autopsy.*—Thickening of pia mater; atheroma of cerebral vessels; dilatation of lateral ventricles; remains of old hemorrhages in right optic thalamus, posterior part of white capsule, and in right lenticular nucleus; softening of posterior half of right white capsule and optic thalamus. Hypostatic congestion of lungs. Cardiac dilatation. Atheroma of aorta. Fatty liver. Chronic diffuse nephritis with cysts.

Autopsy performed 24 hours after death. Rigor mortis present. Under portion of left forearm excoriated from elbow to wrist.

*Brain.*—Dura mater normal, large increase of arachnoid fluid. Pia mater thickened and œdematous; large amount of subarachnoid fluid. The convolutions appear smaller than usual, most markedly in the lower half of the left ascending frontal convolution and the posterior half of the left third frontal convolution. The pia mater could be readily detached but the surface of the convolutions was not perfectly smooth in places. The thickening of the pia mater was most marked at the base of the brain, and especially in the region of the Sylvian fissures.

The vessels at the base of the brain slightly atheromatous

in patches; the left vertebral artery was much smaller than usual, and the right vertebral correspondingly enlarged. The anterior cerebellar arteries passed around the medulla nearly to the median line, and then bent forward in the usual direction. The lateral ventricles were considerably dilated and filled with a clear fluid; the ependyma was thickened but not roughened. A slight depression, about the size of a pea and very shallow, was visible under the ependyma over the extreme lip of the left nucleus caudatus; upon cutting into this, it is found to correspond to a yellowish-red spot of old softening, which also contains a minute recent clot. In the right lateral ventricle is found a considerable depression over the posterior third of the optic thalamus, and this extends laterally across the posterior third of the white capsule and the tail of the caudate nucleus; this depression is stained of an ochre-yellow color. It is found to correspond to the remains of an old hemorrhage in the following situation: Extending antero-posteriorly as a horizontal slit through the posterior half of the optic thalamus about  $\frac{1}{8}$  inch below the upper surface; this extends laterally to the external boundary of the optic thalamus, and also into the posterior third of the white capsule. A minute old hemorrhagic spot is also found in the most posterior portion of the right lenticular nucleus. The entire posterior half of the white capsule looks slightly yellowish and is softer than the surrounding parts. This is also true of the posterior half of the optic thalamus. The remaining portions of the brain were apparently normal.

*Thorax.*—Firm old adhesions of both pleuræ. The lungs were markedly congested; hypostatic congestion at their bases with beginning hypostatic pneumonia; œdema was also present with considerable pus in the bronchi.

*Heart.*—Enlarged; great increase of superficial fat. Both ventricles were dilated; small masses of fibrin were found

in both ventricles, some attached to the columnæ carneæ, and others free. The mitral valve presented several spots of calcareous deposit. The aorta was atheromatous.

*Abdominal cavity.*—Normal.

*Liver.*—Fatty, slightly enlarged; of a pale, reddish-brown color with localized spots of paleness.

*Spleen.*—Normal.

*Kidneys.*—Scattered over their surface were numerous small cysts, which contained a dark-colored serous fluid. One on the anterior surface of right kidney was about  $\frac{3}{4}$  " in diameter and contained clotted blood; a branch of the renal artery was found to have ruptured into it. The capsules were adherent and, when removed, left a granular surface. On section the organs presented all the appearances of chronic diffuse nephritis.

*Stomach and intestines.*—Not examined.